## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

I. Name of Lobbyist(s)	Robert L. Best		<u>յսլ</u> 1 9 <u>2</u> 018	
II. Name of lobbyist's partnership, firm or corporation, if any:			NEW HAMPSHIRE DEPARTMENT OF STATE	
Sulloway & Hollis, P.I.				
(Name of partne	rship, firm or corporation)		<del></del>	
9 Capitol Street, Conc	ord, NH 03301			
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(603) 224-2341	(603) 226-2404		e-mail rbest@sulloway.com	
(Telephone)	(Fa	x)		
III. This statement covers: (Chreportable expense transaction			nay file a separate report for	
☐ All reportable transactions o	ccurring in the months prior to	the reporting date relative to	the following client:	
New Hampshire N				
(Full Nan	ne of Client as it appears on the L	obbyist Registration Form)		
☐ All reportable transactions by unrelated to any particular client		bbyist's family), or the lobbyi	ng firm listed below which are	
IV. Date of Report April 25, 2018  Reports cover: activity from date of registration to 3/31/18		July 25, 2018 W activity from 4/1/18 to 6/30/	18	
	31, 2018	January 30, 2019 activity from 10/1/18 to 12/.		
V. There have been no fees a lf this box is checked, complete j Concord, NH 03301.				
VI. Check if additional reports	are attached:			
☐ If you have received fees or		file Addendum A- Fees and	Expenses	
☐ If you have paid an honorari Expense Reimbursement	um or reimbursed expenses, y	ou must file Addendum B-F	Report of Honorariums or	
•	nily has made political contrib	outions, you must file Addend	dum C- Political Contributions	
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, and complete to the best of my k  (Signature of lobbyist)  Robert L. Best	RSA 14-C and RSA 664 and I	hereby swear or affirm that the		
(Print Name of lobbyist)				